

## Notice to Terminate a MET Full Benefits Plan Contract

Issued under Public Act 316 of 1986.

Use this notice when attending a Michigan independent or out-of-state institution OR to receive a refund. Submit this notice to MET by July 15 before the Academic Year in which you, the Beneficiary, wish to terminate the Contract.

*Beneficiary Name (Student)	Contract Number
Street Address	Beneficiary's Social Security Number
City, State, ZIP Code	Daytime Telephone (       )
Name of Institution Beneficiary Will Attend	Semester and Year To Begin Using Refund <b>(Required Information)</b>

The beneficiary requests termination of the above referenced contract for the following reason:

- \_\_\_\_\_ a. Beneficiary will attend a Michigan Independent, Degree-granting College or University. *Attach 1) Acceptance letter, 2) W-9 form for beneficiary and 3) W-9 form for refund designee (regardless of where you direct refund).* To whom should refund be paid?  
\_\_\_\_\_ College \_\_\_\_\_ Refund Designee (Person in Item 16 of Contract Signature Page)
- \_\_\_\_\_ b. Beneficiary will attend an Out-of-State Institution of Higher Education. *Attach 1) Acceptance letter, 2) W-9 form for beneficiary and 3) W-9 form for refund designee (regardless of where you direct refund).* To whom should refund be paid?  
\_\_\_\_\_ College \_\_\_\_\_ Refund Designee (Person in Item 16 of Contract Signature Page)
- \_\_\_\_\_ c. Beneficiary has received a full tuition scholarship. *Attach 1) Verification of scholarship that states terms (what costs will be covered per term/semester as well as number of terms/semesters covered or terms of renewal), and 2) W-9 form for refund designee.*
- \_\_\_\_\_ d. Beneficiary does not plan to attend a Higher Education Institution. Complete the affidavit on the reverse side of this form stating that you, the Beneficiary, do not plan to attend a Higher Education Institution. The affidavit must be notarized. *Attach 1) Notarized affidavit, and 2) W-9 form for refund designee.*
- \_\_\_\_\_ e. Beneficiary is Disabled or has died. (This request can be made at any time.) Attach a sworn or attested statement of the Beneficiary's Disability. If the Beneficiary died, the person with legal authority to act on behalf of the Beneficiary should submit a certificate of death and sign the form below in place of the Beneficiary's signature. A W-9 form must be submitted for the refund designee in either case.
- \_\_\_\_\_ f. Beneficiary will attend a Community College and intends to terminate the Contract rather than receive educational benefits. Refund must be provided to the Community College. *Attach W-9 form for refund designee.*
- \_\_\_\_\_ g. Military. *Attach 1) Copy of enlistment contract and 2) W-9 form for refund designee.*

**If you are unsure of the appropriate reason for termination please call the MET Policy Analyst at (800)-638-4543.**

*Signature of Beneficiary (Student)	Date
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**\*Beneficiary must be at least 18 years of age or have a high school diploma. If you are not 18 years of age, attach a copy of your high school diploma.**

**MAIL TO:**  
**Michigan Education Trust, P.O. Box 30198**  
**Lansing, Michigan 48909**

# Affidavit

Use this Affidavit only when not attending a higher education institution as defined in the contract.

\_\_\_\_\_, being first duly sworn, states:

1. I am at least 18 years of age or have a high school diploma.  
(Attach copy of high school diploma if not 18.)
2. I am the Beneficiary of Michigan Education Trust (MET) Contract  
Number \_\_\_\_\_.
3. This affidavit is submitted to MET in order to comply with the  
requirements of my "Notice to Terminate a MET Full Benefits Contract"  
form dated \_\_\_\_\_.
4. I do not plan to attend a higher education institution as defined in the  
MET contract.

\_\_\_\_\_  
Signature of Beneficiary (Student)

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County

My Commission Expires: